

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5916-63-021398

Registration District No.

FILED JUN 7 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO.		c. CITY OR TOWN ST. LOUIS	
Length of stay in 1b 40 yrs.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1		d. STREET ADDRESS (If outside, give location #) 1039 S. 12th St., 714	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED First Middle Last BURNETT, JESSE BURNETT		4. DATE OF DEATH Month Day Year June 1, 1963	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/15/91
9. AGE (last birthday) 71		10. IF UNDER 1 YEAR Months Days Hours Min. 11 16	
11a. USUAL OCCUPATION (Give kind of work done during part of working life if retired) RETIRED ORDER CLERK		11b. KIND OF BUSINESS OR INDUSTRY H.G. PHILLIPS HSP. PINE BLUFF, ARK.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME WILL BURNETT	
13b. MOTHER'S MAIDEN NAME CAROLINE (UNKS.)		14. NAME OF HUSBAND OR WIFE ISABELL BURNETT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of) NO		16. SOCIAL SECURITY NO. 4	
17. INFORMANT ISABELL BURNETT, 1039 S. 12th St.		Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Asystole</i> DUE TO (b) <i>arteriosclerotic</i> DUE TO (c) <i>arteriosclerotic (generalized)</i>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 446X		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 5/13/63 to 6/2/63 and last saw her alive on 6/2/63		Death occurred at 12 N. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph Babka (Degree or title) M.D.		22b. ADDRESS 1515 LAFAYETTE AVE		22c. DATE SIGNED 6/2/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/7/63		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
23d. LOCATION (City, town, or county) St. Louis County, Mo.		23e. DATE RECD. BY LOCAL REG. JUN 4 1963		23f. REGISTRAR'S SIGNATURE	
24. FUNERAL DIRECTOR Charles J. Gates, Jr., 4107 Finney		24b. ADDRESS		24c. DATE RECD. BY LOCAL REG. JUN 4 1963	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

BABKA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.